



**Midwest Pug Rescue – MN Division  
Foster Application**

***Please provide the following contact information:***

Name:

Street Address:

City, State, Zip:

Country:

Cell Phone:

Home Phone:

E-Mail:

**Number/Ages of adults in the household:**

**Number/Ages of children in the household:**

**Are you expecting a child or planning a family in the near future?**

Yes

No

**Environment**

**Type of Dwelling (circle one):**

House

Apartment

Town home or Condo

Trailer

Duplex

Other (please describe):

**Do you:**

Own

Rent

**The following two questions are for renters only:**

If you rent, do you have the landlord's permission to keep a dog?

- Yes
- No

Please provide Landlord/Apartment contact information for verification:

How many consecutive hours a day are you away from home for work, school etc.?

- Less than 4 hours
- 5 – 8 hours
- 10 – 12 hours
- Greater than 12
- Other (please specify)

Will you be hiring a pet sitter if gone a long time, or are you close enough to go home during the day?

- Yes
- No

Would you accept a "special needs" dog (vision-impaired, not house trainable, etc)?

- Yes
- No, please specify

Would you be willing to allow us to visit your home?

- Yes
- No

Is your home securely fenced?

- Yes
- No

If yes, what kind and how tall?

Do you have a pool?

- Yes, if so is it securely fenced?
- No

If your yard is not fenced, how do you plan to insure that the dog receives safe and adequate exercise?

- Tie Out
- Leash with walks
- Dog Park
- Other (Please be specific)

Where will the dog sleep? Be specific (kitchen, crate, my bed, etc.)

- Kitchen
- Crate
- My Bed
- Dog will have own Bed
- Other (Please be specific)

Do you plan to use a crate? Why or why not?

### **Current/Former Pets**

*Please tell us about your current dog(s).*

**Name(s):**

**Breed(s):**

**Sex:**

- Male, Neutered
- Male, Not Neutered
- Female, Spayed
- Female, Not Spayed

Where does the dog live?

- Inside
- Outside

*Please tell us about your current cat(s).*

**Name(s):**

- Spayed
- Neutered

- Clawed
- De-Clawed

Inside   
Outside

Please list any other pets you currently own and any pertinent information about them.

Have your current pets been socialized with (other) dogs? Please elaborate.

Please list any pets you have previously owned, along with the following information: Breed/Species, how long the pet was owned, was it kept indoors or outdoors, was it spayed/neutered, and where pet is now (if deceased, list cause of death).

Have you ever had to give up a pet?  
 Yes (if yes, please tell us why)  
 No

***This section is for people who own or have owned a dog.***

If you currently own a dog, where did you get your dog?

Breeder   
Pet Store   
Rescue   
Other (please specify)

What activities do you participate in with your dog?

Have you attended obedience classes with your dog?

Yes  
 No

When nobody is home, where does your dog stay?

In the yard   
In a crate   
In the garage   
In the house, confined to an area

Updated on 3/29/2012

- In the house, not confined to an area
- In the house, with a doggie door
- In an outside pen
- Outside on a chain or tie out

Do you consider your current dog(s) aggressive or submissive to other people? Animals?

### **Your Fostered Dog**

What type of behavior(s) do you expect from your fostered dog?

What amount of time and effort, per week, do you want to devote to training your dog?

What is your definition of disciplining your dog?

What are your training objectives?

**References**

*Please list three references that can attest to your suitability as a pet owner, and more specifically, the owner of a rescued dog. If you have owned any pets in the last five years, you must include your veterinarian as a reference.*

**Reference #1 (preferably a veterinarian)**

Name:

Address:

City, State, Zip:

Home phone #

Cell phone #

Email:

**Reference #2**

Name:

Address:

City, State, Zip:

Home phone #

Cell phone #

Email:

**Reference #3**

Name:

Address:

City, State, Zip:

Home phone #

Cell phone #

Email:

Updated on 3/29/2012

I, the undersigned, attest that, to the best of my knowledge, the above information is accurate and complete at the time of signing. I understand that falsely provided information can mean that my application will be terminated. Please sign and date.

Print Name:

Signature:

Date:

Thank you for your cooperation. A comprehensive questionnaire helps us in placing the right dog with the right family. An improper placement or one in which all the details aren't known, can end tragically, usually for the dog. By submitting this application you agree that all adoptions are on a trial basis, you give us permission to check your references and visit your home. If for ANY reason fostering does not work out, you **MUST** return the dog to us, you cannot take it to another shelter, rescue, vet clinic, find it another home or euthanize the dog. By signing this you are in a binding agreement with the above mentioned statement.

Please scan form and e-mail to us at [mnmprinfo@gmail.com](mailto:mnmprinfo@gmail.com) **OR** Mail application to:

MN Midwest Pug Rescue, P.O. Box 809, Hinckley, MN 55037

*Once your application is received someone from the adoption team will contact you and set up a home visit. Please note we are an all volunteer organization, from start to finish this process often takes 1-2 weeks to, so please be patient!*